

Form
93

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10-S32207** FILING DATE

APPLICANT(S) **PCT/EP 2003 / 012804**

CLAIMS **02-51-809 11-22-02 DE**

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1	1			
3	2		1			
4	8		1			
5	8		1			
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		6	←		←
TOTAL CLAIMS			7			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	←		←
TOTAL CLAIMS						